

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Northern District of Illinois					Voluntary Petition														
Name of Debtor (if individual, enter Last, First, Middle): <b>Gangware, Valerie S.</b>					Name of Joint Debtor (Spouse) (Last, First, Middle):														
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):														
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-8059</b>					Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)														
Street Address of Debtor (No. and Street, City, and State): <b>511 LaSalle Buffalo Grove, IL</b>					Street Address of Joint Debtor (No. and Street, City, and State):														
ZIP Code <b>60089</b>					ZIP Code														
County of Residence or of the Principal Place of Business: <b>Lake</b>					County of Residence or of the Principal Place of Business:														
Mailing Address of Debtor (if different from street address):					Mailing Address of Joint Debtor (if different from street address):														
ZIP Code					ZIP Code														
Location of Principal Assets of Business Debtor (if different from street address above):																			
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)			<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.													
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).														
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY														
Estimated Number of Creditors <table><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>										<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000						<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000					
Estimated Assets <table><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>										<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>					<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion					
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B1 (Official Form 1)(1/08)

Page 2

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Gangware, Valerie S.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Northern District of Illinois**

Case Number:

**08-04222**

Date Filed:

**2/25/08**

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ David M. Siegel****May 15, 2008**

Signature of Attorney for Debtor(s)

(Date)

**David M. Siegel****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Gangware, Valerie S.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Valerie S. Gangware**Signature of Debtor **Valerie S. Gangware****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**May 15, 2008**

Date

**Signature of Attorney\*****X /s/ David M. Siegel**

Signature of Attorney for Debtor(s)

**David M. Siegel #06207611**

Printed Name of Attorney for Debtor(s)

**David M. Siegel & Associates**

Firm Name

**790 Chaddick Drive  
Wheeling, IL 60090**

Address

**(847) 520-8100**

Telephone Number

**May 15, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

**United States Bankruptcy Court  
Northern District of Illinois**

In re Valerie S. Gangware

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

**Official Form 1, Exh. D (10/06) - Cont.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Valerie S. Gangware  
Valerie S. Gangware

Date: May 15, 2008

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Valerie S. Gangware**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>18,445.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>15,000.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>3</b>		<b>10,969.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>27</b>		<b>427,275.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,230.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>4,556.00</b>
Total Number of Sheets of ALL Schedules		<b>42</b>			
Total Assets			<b>18,445.00</b>		
Total Liabilities				<b>453,244.00</b>	

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Valerie S. Gangware**,  
Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>10,969.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>98,543.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
<b>TOTAL</b>	<b>109,512.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>3,230.00</b>
Average Expenses (from Schedule J, Line 18)	<b>4,556.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>4,474.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>1,000.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>10,969.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>427,275.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>428,275.00</b>

B6A (Official Form 6A) (12/07)

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



B6B (Official Form 6B) (12/07)

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking/Savings Account TCF Bank	-	145.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit	-	1,350.00
4. Household goods and furnishings, including audio, video, and computer equipment.		T.V., Furniture	-	700.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Normal Apparel	-	500.00
7. Furs and jewelry.		Jewelry	-	100.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
Sub-Total > (Total of this page)				2,795.00

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>ERISA Qualified 401(k)</b>		-	<b>800.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>Child Support</b>		-	<b>850.00</b>
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **1,650.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2008 Nissan Versa Star Nissan</b>	<b>-</b>	<b>14,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **14,000.00**  
(Total of this page)  
Total > **18,445.00**

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (12/07)

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u></b>			
Checking/Savings Account TCF Bank	735 ILCS 5/12-1001(b)	145.00	145.00
<b><u>Security Deposits with Utilities, Landlords, and Others</u></b>			
Security Deposit	735 ILCS 5/12-1001(b)	1,350.00	1,350.00
<b><u>Household Goods and Furnishings</u></b>			
T.V., Furniture	735 ILCS 5/12-1001(b)	700.00	700.00
<b><u>Wearing Apparel</u></b>			
Normal Apparel	735 ILCS 5/12-1001(a)	500.00	500.00
<b><u>Furs and Jewelry</u></b>			
Jewelry	735 ILCS 5/12-1001(b)	100.00	100.00
<b><u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u></b>			
ERISA Qualified 401(k)	735 ILCS 5/12-704	800.00	800.00
<b><u>Alimony, Maintenance, Support, and Property Settlements</u></b>			
Child Support	735 ILCS 5/12-1001(b)	850.00	850.00
<b><u>Automobiles, Trucks, Trailers, and Other Vehicles</u></b>			
2008 Nissan Versa Star Nissan	735 ILCS 5/12-1001(c)	2,400.00	14,000.00

Total: **6,845.00** **18,445.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Valerie S. Gangware**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			11/07-12/07					
Star Nissan 5757 West Touhy Niles, IL 60714	X -		Auto Loan/Purchase Money Security  2008 Nissan Versa Star Nissan				15,000.00	1,000.00
			Value \$ 14,000.00					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							15,000.00	1,000.00
Total (Report on Summary of Schedules)							15,000.00	1,000.00

0 continuation sheets attached

B6E (Official Form 6E) (12/07)

In re **Valerie S. Gangware**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☒ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re **Valerie S. Gangware**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Wages, salaries, and commissions**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>07-003050</b>			<b>5/07</b>					
<b>Brian Schwartz</b> <b>807 Christophers Street</b> <b>Plano, IL 60545</b>		-	<b>NOTICE ONLY</b>				<b>0.00</b>	<b>0.00</b>
Account No.			<b>NOTICE ONLY</b>				<b>0.00</b>	<b>0.00</b>
<b>Dorothy Sanders</b> <b>15934 Woodlawn</b> <b>South Holland, IL 60473</b>		-					<b>0.00</b>	<b>0.00</b>
Account No. <b>02003389</b>			<b>6/07</b>					
<b>Kiran Patil</b> <b>24115 Newcatle Street</b> <b>Plainfield, IL 60585</b>		-	<b>NOTICE ONLY</b>				<b>0.00</b>	<b>0.00</b>
Account No. <b>07-002954</b>			<b>5/07</b>					
<b>Tianne Kurn</b> <b>18400 Fox Run Drive</b> <b>Elk Grove Village, IL 60007</b>		-	<b>NOTICE ONLY</b>				<b>0.00</b>	<b>0.00</b>
Account No.								
Subtotal							<b>0.00</b>	<b>0.00</b>
(Total of this page)							<b>0.00</b>	<b>0.00</b>

Sheet **1** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>2003 &amp; 2005</b>					
<b>Internal Revenue Service Centralized Insolvency Operations P.O. Box 21126 Philadelphia, PA 19114</b>		-	<b>Federal Income Taxes</b>					<b>0.00</b>
							<b>10,969.00</b>	<b>10,969.00</b>
Account No.								
Account No.								
Account No.								
Account No.								

Sheet **2** of **2** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**0.00**  
**10,969.00**

Total  
(Report on Summary of Schedules)

**0.00**  
**10,969.00**



B6F (Official Form 6F) (12/07)

In re **Valerie S. Gangware**, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>061-1-0000638779</b>  <b>Advanced Radiology Consultants</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>		-	<b>8/07 - 1/08</b> <b>Medical</b>				<b>2,792.00</b>
Account No. <b>1000301913</b>  <b>Advocate</b> <b>c/o Malcomb S. Gerald &amp; Associates</b> <b>332 S. Michigan</b> <b>Chicago, IL 60604</b>		-	<b>Medical</b>				<b>380.00</b>
Account No.  <b>Advocate Health Care</b> <b>PO Box 73208</b> <b>Chicago, IL 60673</b>		-	<b>7/07</b> <b>Medical</b>				<b>95.00</b>
Account No.  <b>Advocate Health Care</b> <b>PO Box 73208</b> <b>Chicago, IL 60673</b>		-	<b>1/08</b> <b>Medical</b>				<b>100.00</b>
Subtotal (Total of this page)							<b>3,367.00</b>

26 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 320402639		-	3/06 -12/07 Medical				151.00
Advocate Lutheran General Hospital 1675 W. Dempster Park Ridge, IL 60068							
Account No. 317415032		-	2/05 - 12/07 Medical				269.00
Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068							
Account No. 316043553		-	8/04 - 12/07 Medical				220.00
Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068							
Account No. 324857017		-	7/07 - 12/07 Medical				3,288.00
Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068							
Account No. 324199777		-	8/07 -12/07 Medical				5,267.00
Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068							
Sheet no. 1 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			9,195.00

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>Multiple Accounts</b>		-	<b>Medical</b>				<b>10,000.00</b>
<b>Advocate Lutheran General Hospital 1775 Dempster Street Park Ridge, IL 60068</b>							
Account No. <b>Multiple Account</b>		-	<b>Medical</b>				<b>486.00</b>
<b>Advocate Medical Group 701 Lee St. Des Plaines, IL 60016</b>							
Account No. <b>600703569134 (multiple)</b>		-	<b>9/07 - 1/08 Medical</b>				<b>10,000.00</b>
<b>Alexian Brothers Medical Center 800 Biesterfield Rd. Elk Grove Village, IL 60007</b>							
Account No. <b>13253393019386942 372263818491</b>		-	<b>3/94 -5/07 Judgment</b>				<b>3,915.00</b>
<b>American Express PO Box 981537 El Paso, TX 79998</b>							
Account No. <b>13253393019392953 373020279592</b>		-	<b>12/93-5/07 NOTICE ONLY</b>				<b>0.00</b>
<b>American Express PO Box 981537 El Paso, TX 79998</b>							
Sheet no. <u>2</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			<b>24,401.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>13253393019394928 378342309294</b>  <b>American Express</b> <b>PO Box 981537</b> <b>El Paso, TX 79998</b>		-	<b>8/94-11/06</b> <b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>3730-202795-91017</b>  <b>American Express Optima</b> <b>PO BOX 650448</b> <b>Dallas, TX 75265</b>		-	<b>2/08</b> <b>Purchases</b>				<b>5,608.00</b>
Account No. <b>2070919029364309</b>  <b>American General Finance</b> <b>463 N. Lake St.</b> <b>Mundelein, IL 60060-0604</b>		-	<b>2/07-5/07</b> <b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>3338783972</b>  <b>American National Bank &amp; Trst</b> <b>628 Main Street</b> <b>Danville, VA 24541</b>		-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>36161</b>  <b>ATG Credit, LLC</b> <b>PO Box 14895</b> <b>Chicago, IL 60614</b>		-	<b>Medical</b>				<b>856.00</b>
Sheet no. <u>3</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>6,464.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4678650093098 4366111020437351</b>  <b>Bank One</b> <b>150 E. Campusview</b> <b>Worthington, OH 43235</b>	-	<b>12/07</b> <b>Purchases</b>				<b>18,972.00</b>
Account No.  <b>Bergman Orthodics</b> <b>1860 John's Drive</b> <b>Glenview, IL 60025</b>	-	<b>Medical</b>				<b>1,000.00</b>
Account No.  <b>Bill Welnhofner</b> <b>227 West Monroe Street</b> <b>Suite 2100</b> <b>Chicago, IL 60606</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>75420</b>  <b>Blockbuster</b> <b>c/o Credit Protection Assoc., L.P.</b> <b>13355 Noel Rd.</b> <b>Dallas, TX 75240</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No.  <b>Bloomington Radiology</b> <b>PO Box 3668</b> <b>Bloomington, IL 61702</b>	-	<b>607</b> <b>Medical</b>				<b>607.00</b>
Sheet no. <u>4</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>20,579.00</b>
Subtotal (Total of this page)						<b>20,579.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>NOTICE ONLY</b>				
<b>Bob R. Krohn 8650 West 165 Place Orland Park, IL 60462</b>		-					<b>0.00</b>
Account No. <b>5544768947</b>			<b>Purchases</b>				
<b>BPM Amoco Processing Center Des Moines, IA 50360</b>		-					<b>100.00</b>
Account No.			<b>8/07 - 12/07 Medical</b>				
<b>Bromenn Regional Medical Center 1304 Franklin Ave. Normal, IL 61761</b>		-					<b>12,473.00</b>
Account No. <b>97719209</b>			<b>10/07-12/07 Medical</b>				
<b>Carle Clinic Assoc. P.O. Box 6002 Urbana, IL 61803</b>		-					<b>3,045.00</b>
Account No. <b>1553</b>			<b>Medical</b>				
<b>Centre for Women's Health 21279 Network Place Chicago, IL 60673</b>		-					<b>58.00</b>
Sheet no. <u>5</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>15,676.00</b>
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>963761</b>		-	<b>Medical</b>				<b>10.00</b>
<b>Certified Services</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>							
Account No. <b>1014114</b>		-	<b>2/08</b> <b>Medical</b>				<b>114.00</b>
<b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>							
Account No. <b>1013814</b>		-	<b>2/08</b> <b>Medical</b>				<b>300.00</b>
<b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079</b>							
Account No. <b>436611102905</b>		-	<b>05/78 - 11/07</b> <b>Purchases</b>				<b>9,274.00</b>
<b>Chase</b> <b>201 N. Walnut St.</b> <b>MAILSTOP DE1-1027</b> <b>Wilmington, DE 19801</b>							
Account No. <b>609300783972</b>		-	<b>08/02 - 01/03</b> <b>Purchases</b>				<b>39,174.00</b>
<b>Chase</b> <b>N54 W 13600 Woodale Drive</b> <b>Menomonee Falls, WI 53051</b>							
				Subtotal (Total of this page)			<b>48,872.00</b>

Sheet no. 6 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>4417-1295-3110-6181</b>  <b>Chase</b> <b>201 N. Walnut St.</b> <b>MAILSTOP DE1-1027</b> <b>Wilmington, DE 19801</b>	-	<b>12/98-7/07</b> <b>Purchases</b>				<b>10,302.00</b>
Account No. <b>4227-6510-2476-9423</b>  <b>Chase</b> <b>201 N. Walnut St.</b> <b>MAILSTOP DE1-1027</b> <b>Wilmington, DE 19801</b>	-	<b>10/77-6/07</b> <b>Purchases</b>				<b>1,117.00</b>
Account No. <b>5680302840013516</b>  <b>Chase</b> <b>201 N. Walnut St.</b> <b>MAILSTOP DE1-1027</b> <b>Wilmington, DE 19801</b>	-	<b>11/81-6/07</b> <b>Purchases</b>				<b>14,503.00</b>
Account No. <b>07M103325</b>  <b>Chase Bank</b> <b>131 S. Dearborn Fifth Floor</b> <b>Chicago, IL 60603</b>	-	<b>2/08</b> <b>Purchases</b>				<b>11,500.00</b>
Account No. <b>4366-1110-2905-7531</b>  <b>Chase BP</b> <b>225 Chastain Meadows Court</b> <b>Kennesaw, GA 30144</b>	-	<b>5/78-6/07</b> <b>Purchases</b>				<b>10,190.00</b>
Sheet no. <u>7</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>47,612.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>855004266095</b>  <b>Citi Bank</b> <b>c/o: National Enterprise Systems</b> <b>29125 Solon Rd</b> <b>Solon, OH 44139</b>	-	<b>10/01 - 12/07</b> <b>Collections</b>				<b>853.00</b>
Account No. <b>1014114</b>  <b>Computer Credit, Inc.</b> <b>640 West Fourth Street</b> <b>PO Box 5238</b> <b>Winston Salem, NC 27113-5238</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>1013814</b>  <b>Computer Credit, Inc.</b> <b>640 West Fourth Street</b> <b>PO Box 5238</b> <b>Winston Salem, NC 27113-5238</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>1015977</b>  <b>Condell Acute Care Centers</b> <b>c/o Computer Credit, Inc.</b> <b>36866 Eagle Way</b> <b>Chicago, IL 60678</b>	-	<b>Medical</b>				<b>314.00</b>
Account No. <b>1014114</b>  <b>Condell Acute Care Centers</b> <b>c/o Computer Credit, Inc.</b> <b>36866 Eagle Way</b> <b>Chicago, IL 60678</b>	-	<b>Medical</b>				<b>111.00</b>
Sheet no. <u>8</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,278.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. 1013814		-	Medical				282.00	
Condell Acute Care Centers c/o Computer Credit, Inc. 36866 Eagle Way Chicago, IL 60678								
Account No. 3840		-	NOTICE ONLY				0.00	
Credit Management Services 9525 Sweet Valley Drive Valley View, OH 44125								
Account No.		-	Medical				1,000.00	
David Chow, Chiropractic 1804 N. Arlington Hts Road Arlington Heights, IL 60004								
Account No.		-	Personal Loan				20,000.00	
David Sanes 9451 Lockwood Ave Skokie, IL 60076								
Account No. 6011-0071-9062-7108		-	8/99 - 12/07 Purchases				600.00	
Discover Card PO Box 15316 Wilmington, DE 19850-5316								
Sheet no. 9 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	21,882.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Valerie S. Gangware**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>601100708060(8162) &amp; (8762)</b>  <b>Discover Card</b> <b>PO Box 15316</b> <b>Wilmington, DE 19850-5316</b>	-	<b>9/86-7/07 Purchases</b>				<b>22,000.00</b>
Account No.  <b>Doug Jones</b> <b>25050 Indian Trail</b> <b>Barrington, IL 60010</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No.  <b>Doug Wakley</b> <b>35 S. Barrington Road</b> <b>Barrington, IL 60010</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>140000</b>  <b>Dr. James Chorzempa</b> <b>1425 McHenry Road</b> <b>Suite 101</b> <b>Buffalo Grove, IL 60089</b>	-	<b>Medical</b>				<b>7,000.00</b>
Account No.  <b>Dr. Mark Brandt</b> <b>7900 N. Milwaukee</b> <b>Niles, IL 60714</b>	-	<b>Medical</b>				<b>2,000.00</b>
Sheet no. <b>10</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>31,000.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
<b>Edgar Brand Gangware III</b> <b>1726 Johnson Drive #223</b> <b>Buffalo Grove, IL 60089</b>		-	<b>2/08</b> <b>Notice Only</b>				<b>0.00</b>
Account No. <b>67-8711245</b>							
<b>Elk Grove Radiology</b> <b>75 Remittance Dr., Ste. 6500</b> <b>Chicago, IL 60675</b>		-	<b>12/07</b> <b>Medical</b>				<b>371.00</b>
Account No.							
<b>ENH Medical Group</b> <b>P.O. Box 73208</b> <b>Chicago, IL 60673</b>		-	<b>7/07 - 12/07</b> <b>Medical</b>				<b>182.00</b>
Account No. <b>7302855004266075 (multiple acc</b>							
<b>Exxon Mobil</b> <b>PO Box 530962</b> <b>Atlanta, GA 30353-0962</b>		-	<b>12/07</b> <b>Purchases</b>				<b>2,000.00</b>
Account No. <b>4417-1295-3110-6181</b>							
<b>First USA</b> <b>201 N. Walnut St.</b> <b>3 Christina Center (WACH-FDR)</b> <b>Wilmington, DE 19801</b>		-	<b>Purchases</b>				<b>10,599.00</b>
Sheet no. <u>11</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>13,152.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 34829857			06/03 - 08/07 Auto Repossesion Ford Winstar				6,951.00
FMCC 12110 Emmet Omaha, NE 68164	-						
Account No.			NOTICE ONLY				0.00
Frank Gangware 355 N. Delaplaine Road Riverside, IL 60546	-						
Account No. 3774376812			09/89 - 08/07 Purchases				1,334.00
GEMB/JCP P.O. Box 981402 El Paso, TX 79998	-						
Account No. 54370306-82855571			12/07 Purchases				7,163.00
GM Card PO Box 37281 Baltimore, MD 21297	-						
Account No. 154905634925			5/04-7/07 NOTICE ONLY				0.00
GMAC Payment Processing Center PO Box 9001951 Louisville, KY 40290-1951	-						
Sheet no. 12 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			15,448.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Valerie S. Gangware**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>8/07 Medical</b>				
<b>Golf-Western Surgical Specialists 8901 Golf Road Suite 305 Des Plaines, IL 60016</b>	-					<b>98.00</b>
Account No. <b>8355</b>		<b>Medical</b>				
<b>Golf-Western Surgical Specialists 8901 Golf Road Suite 305 Des Plaines, IL 60016</b>	-					<b>100.00</b>
Account No. <b>4681-2220-1270-0348</b>		<b>NOTICE ONLY</b>				
<b>Harris Bankcard Services PO Box 15288 Wilmington, DE 19886-5288</b>	-					<b>0.00</b>
Account No.		<b>2008 Dental Services</b>				
<b>Herbert M. Kanter, DDS 3325 N. Arlington Heights Rd. Arlington Heights, IL 60004</b>	-					<b>1,500.00</b>
Account No. <b>36161</b>		<b>12/07 Medical</b>				
<b>Hochstadter &amp; Isaacson Oral &amp; Maxil 600 West Lake Cook Road Suite 101 Buffalo Grove, IL 60089</b>	-					<b>6,000.00</b>
Sheet no. <u>13</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>7,698.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>03068285571</b>  <b>HSBC NV</b> <b>P.O. Box 19360</b> <b>Portland, OR 97280</b>	-	<b>3/97-5/07</b> <b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>9463419</b>  <b>ICS Collection Service</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>	-	<b>Medical</b>				<b>87.00</b>
Account No. <b>7690004</b>  <b>ICS Collection Service</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>	-	<b>Medical</b>				<b>490.00</b>
Account No. <b>9170350</b>  <b>ICS Collection Service</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>	-	<b>Medical</b>				<b>152.00</b>
Account No. <b>9157135</b>  <b>ICS Collection Service</b> <b>PO Box 646</b> <b>Oak Lawn, IL 60454-0646</b>	-	<b>Medical</b>				<b>303.00</b>
Sheet no. <u>14</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,032.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>RA06999</b>		-	<b>Medical</b>				<b>220.00</b>
<b>IL Bone &amp; Joint Institute</b> <b>135 S. LaSalle, Dept. 1052</b> <b>Chicago, IL 60674-1052</b>							
Account No.		-	<b>NOTICE ONLY</b>				<b>0.00</b>
<b>Ivan Baker</b> <b>c/o UC Funding</b> <b>146 2nd Street, Ste 200</b> <b>Saint Petersburg, FL 33701</b>							
Account No.		-	<b>NOTICE ONLY</b>				<b>0.00</b>
<b>John Erwin</b> <b>274 Ashland Court</b> <b>Buffalo Grove, IL 60089</b>							
Account No. <b>39303</b>		-	<b>Medical</b>				<b>216.00</b>
<b>Joseph Meis</b> <b>100 Village Green #120</b> <b>Lincolnshire, IL 60069</b>							
Account No. <b>5082147 017-9647-128</b>		-	<b>12/07</b> <b>Purchases</b>				<b>2,500.00</b>
<b>Kohl's Department Store</b> <b>c/o: Merchants &amp; Med. Credit Corp.</b> <b>6324 Taylor Dr.</b> <b>Flint, MI 48507</b>							
Sheet no. <u>15</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>2,936.00</b>
Subtotal (Total of this page)							<b>2,936.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Valerie S. Gangware**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>17964712852</b>  <b>Kohl/Chase</b> <b>N56 W17000 Ridgewood Dr.</b> <b>Menomonee Falls, WI 53051</b>	-	<b>04/87-11/07</b> <b>Purchases</b>				<b>2,029.00</b>
Account No. <b>0416</b>  <b>Kur's Landscaping</b> <b>1516 N. Elmhurst Road</b> <b>Suite 130</b> <b>Mount Prospect, IL 60056</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>021117635</b>  <b>LaSalle Bank</b> <b>135 S. LaSalle</b> <b>Chicago, IL 60602-4105</b>	-	<b>Overdraft</b>				<b>3,000.00</b>
Account No. <b>5308771087</b>  <b>LaSalle Bank</b> <b>135 S. LaSalle St.</b> <b>Chicago, IL 60603</b>	-	<b>Checking Overdraft</b>				<b>700.00</b>
Account No. <b>5309970779</b>  <b>LaSalle Bank</b> <b>135 S. LaSalle St.</b> <b>Chicago, IL 60603</b>	-	<b>Checking Overdraft</b>				<b>100.00</b>
Sheet no. <b>16</b> of <b>26</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>5,829.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			<b>Medical</b>				
<b>Litholink</b> <b>2250 W. Campbell Park Drive</b> <b>Chicago, IL 60612</b>		-					<b>300.00</b>
Account No. <b>322895848</b>			<b>2/07 - 12/07</b> <b>Medical</b>				
<b>Lutheran General Hospital</b> <b>1775 Dempster</b> <b>Park Ridge, IL 60068</b>		-					<b>185.00</b>
Account No. <b>321902702 (multiple accounts)</b>			<b>10/06 - 2/08</b> <b>Medical</b>				
<b>Lutheran General Hospital</b> <b>1775 Dempster</b> <b>Park Ridge, IL 60068</b>		-					<b>1,000.00</b>
Account No. <b>31989811</b>			<b>1/06 - 12/07</b> <b>Medical</b>				
<b>Lutheran General Hospital</b> <b>1775 Dempster</b> <b>Park Ridge, IL 60068</b>		-					<b>303.00</b>
Account No. <b>21621</b>			<b>Medical</b>				
<b>Maine-Ridge Medical Associates</b> <b>9301 West Golf Road</b> <b>Suite 302</b> <b>Des Plaines, IL 60016</b>		-					<b>72.00</b>
Sheet no. <u>17</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>1,860.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Legal Services</b>				
<b>Marjorie Sheer, Esq.</b> <b>813 W. Washington St.,</b> <b>Waukegan, IL 60085</b>	-					<b>1,500.00</b>
Account No. <b>3-353-075-266-10</b>		<b>12/07 Purchases</b>				
<b>Marshall Fields</b> <b>PO Box 59231</b> <b>Minneapolis, MN 55459</b>	-					<b>59.00</b>
Account No.		<b>10/07 Medical</b>				
<b>McClellan County Anesthesiology</b> <b>2200 Fort Jesse Road #240</b> <b>Normal, IL 61761</b>	-					<b>795.00</b>
Account No.		<b>10/07 Medical</b>				
<b>McClellan County Neurology SC</b> <b>2204 Eastland Drive</b> <b>Bloomington, IL 61704</b>	-					<b>365.00</b>
Account No. <b>324057017</b>		<b>12/07 Medical</b>				
<b>Medical Recovery Specialists</b> <b>2250 E. Devon Ave., #288</b> <b>Des Plaines, IL 60016</b>	-					<b>501.00</b>
Sheet no. <u>18</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>3,220.00</b>
Subtotal (Total of this page)						<b>3,220.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>5082147</b>  <b>Merchants and Medical</b> <b>6324 Taylor Drive</b> <b>Flint, MI 48507</b>	-	<b>2/08</b> <b>Medical</b>				<b>2,029.00</b>
Account No. <b>861-1-0003385279</b>  <b>Midwest Diagnostic Pathology,SC</b> <b>75 Remittance Drive Sutie 3070</b> <b>Chicago, IL 60675-3070</b>	-	<b>Medical</b>				<b>95.00</b>
Account No. <b>2007 I 001780</b>  <b>Mike Maginity</b> <b>1371 N. Rosebud lane</b> <b>Addison, IL 60601</b>	-	<b>6/07</b> <b>NOTICE ONLY</b>				<b>0.00</b>
Account No.  <b>Nancy Nicol</b> <b>c/o The Sullivan Firm Ltd.</b> <b>2550 W. Golf Road #101</b> <b>Rolling Meadows, IL 60008</b>	-	<b>NOTICE ONLY</b>				<b>0.00</b>
Account No. <b>11942</b>  <b>Neurology Specialists Of Northern</b> <b>PO Box 2823</b> <b>Carol Stream, IL 60132</b>	-	<b>Medical</b>				<b>82.00</b>
Sheet no. <u>19</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>2,206.00</b>
Subtotal (Total of this page)						<b>2,206.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 5399778			Medical				45.00
North Shore Radiological 9410 Compubill Drive Orland Park, IL 60462-6200	-						
Account No.			12/07 Medical				8,155.00
North Suburban Gastroenterlogy 7447 W. Talcott Ave # 358 Chicago, IL	-						
Account No. 2500-0128-0484			12/07 Services				843.00
Northshore Gas 2111 Jordan Terrace Waukegan, IL 60079	-						
Account No. 47981859			12/07 Medical				500.00
Northwest Community Hospital c/o: Pellettieri & Associates, LTD P.O. Box 536 Linden, MI 48451	-						
Account No. 47336279			12/06 - 12/07 Medical				619.00
Northwest Community Hospital 800 West Central Rd Arlington Heights, IL 60005	-						
Sheet no. 20 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			10,162.00

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>43750593</b>		-	<b>Medical</b>				<b>200.00</b>
<b>Northwest Community Hospital c/o C.B. Accounts, Inc. 1101 Main St. Peoria, IL 61606</b>							
Account No. <b>3655576-214</b>		-	<b>Medical</b>				<b>118.00</b>
<b>Northwest Community Hospital Health Care Financial Services 800 W. Central Road Arlington Heights, IL 60005</b>							
Account No. <b>25301</b>		-	<b>Medical</b>				<b>409.00</b>
<b>Northwest Metro Urology Slot 302152 PO Box 66973 Chicago, IL 60666</b>							
Account No. <b>88838735</b>		-	<b>1/07 -12/07 Medical</b>				<b>2,000.00</b>
<b>Northwestern Memorial Hospital PO Box 73690 Chicago, IL 60673-7690</b>							
Account No. <b>Unknown</b>		-	<b>2/14/08 Medical</b>				<b>100.00</b>
<b>Oak Mill Imaging 7900 N. Milwaukee Ave #16A Niles, IL 60714</b>							
Sheet no. <u>21</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			<b>2,827.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 3730-202795-91009		-	12/07 Purchases				7,000.00
Optima American Express PO Box 36002 Fort Lauderdale, FL 33336							
Account No. 15440119 PRA 141895		-	Medical				1,400.00
Park Ridge Anesthesiology 1755 Dempster Street Park Ridge, IL 60068							
Account No. Multiple Accounts		-	8/07-1/08 Medical				1,330.00
Park Ridge Anesthesiology 1755 Dempster Street Park Ridge, IL 60068							
Account No. 15440119		-	8/07 - 12/07 Medical				1,330.00
Parkside Anesthesiology PO Box 1123 Jackson, MI 49204-1123							
Account No. 3419650		-	Medical				117.00
Pellettieri & Associates 991 Oak Creek Dr. Lombard, IL 60148-6408							
Sheet no. 22 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			11,177.00

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Debtor Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>3875301</b>  <b>Pellettieri &amp; Associates</b> <b>991 Oak Creek Dr.</b> <b>Lombard, IL 60148-6408</b>	-		<b>Medical</b>				<b>500.00</b>
Account No. <b>11059</b>  <b>Primary Care Medical Specialists</b> <b>960 Rand Rd. Suite 205</b> <b>Des Plaines, IL 60016</b>	-		<b>7/07-12/07</b> <b>Medical</b>				<b>790.00</b>
Account No.  <b>Robert Kohn</b> <b>8650 West 165th Place</b> <b>Orland Park, IL 60462</b>	-		<b>NOTICE ONLY</b>				<b>0.00</b>
Account No.  <b>Roger A. White and Associates, LTD</b> <b>21 N. Skokie Hwy #201</b> <b>Lake Bluff, IL 60044</b>	-		<b>12/07</b> <b>Services</b>				<b>10,000.00</b>
Account No. <b>21166780</b>  <b>Rush North Shore Medical Center</b> <b>c/o: Revenue Production Management</b> <b>2800 S. River Road Suite 450</b> <b>Des Plaines, IL 60018</b>	-		<b>3/06 - 12/07</b> <b>Medical</b>				<b>127.00</b>
Sheet no. <u>23</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>11,417.00</b>





B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 2056		-	Medical				1,000.00
Suburban Ear Noe & Throat Speciali 8780 Golf Road Suite 300 Niles, IL 60714							
Account No. Valerie and/or Brand Gangware		-	2/08 Religious Dues				3,000.00
Temple Chai 1670 RFD Long Grove, IL 60049							
Account No.		-	Personal Loan				100.00
UC Funding Ivan Baker 146 2nd Street, Ste 200 Saint Petersburg, FL 33701							
Account No. 33885		-	2/26/08 Medical				3,000.00
United Shockwave Services 1875 W. Dempster St., #306 Park Ridge, IL 60068							
Account No.		-	2/05 - 5/07 Student Loans				40,449.00
US Department of Education PO Box 7202 Utica, NY 13504-7202							
Sheet no. 25 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			47,549.00

B6F (Official Form 6F) (12/07) - Cont.

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. <b>338526514</b>		-	<b>12/07</b> <b>Student Loans</b>				<b>43,744.00</b>	
<b>US Department of Education</b> <b>P.O. Box 530260</b> <b>Atlanta, GA 30353</b>								
Account No.		-	<b>8/05-5/07</b> <b>Student Loan</b>				<b>14,350.00</b>	
<b>US Department of Education</b> <b>PO Box 7202</b> <b>Utica, NY 13504-7202</b>								
Account No.		-	<b>Services</b>				<b>439.00</b>	
<b>Wheeling Plumbing</b> <b>600 Northgate Parkway Unit L</b> <b>Wheeling, IL 60090</b>								
Account No. <b>6195</b>		-	<b>Medical</b>				<b>432.00</b>	
<b>Women's Health Specialites</b> <b>1875 Dempster</b> <b>Suite 245</b> <b>Park Ridge, IL 60068</b>								
Account No.								
Sheet no. <u>26</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>58,965.00</b>
							Total (Report on Summary of Schedules)	<b>427,275.00</b>

Advanced Radiology Consultants  
520 E. 22nd St.  
Lombard, IL 60148

Advanced Radiology Consultants  
1420 Renaissance Drive  
Park Ridge, IL 60068

Advocate  
c/o Malcomb S. Gerald & Associates  
332 S. Michigan  
Chicago, IL 60604

Advocate Health Care  
PO Box 73208  
Chicago, IL 60673

Advocate Lutheran General Hospital  
1675 W. Dempster  
Park Ridge, IL 60068

Advocate Lutheran General Hospital  
1775 Dempster Street  
Park Ridge, IL 60068

Advocate Medical Group  
701 Lee St.  
Des Plaines, IL 60016

Alexian Brothers Medical Center  
800 Biesterfield Rd.  
Elk Grove Village, IL 60007

American Express  
PO Box 981537  
El Paso, TX 79998

American Express Optima  
PO BOX 650448  
Dallas, TX 75265

American General Finance  
463 N. Lake St.  
Mundelein, IL 60060-0604

American National Bank & Trst  
628 Main Street  
Danville, VA 24541

Amoco  
PO Box 9014  
Des Moines, IA 50368-9014

ATG Credit, LLC  
PO Box 14895  
Chicago, IL 60614

Bank One  
150 E. Campusview  
Worthington, OH 43235

Bergman Orthodics  
1860 John's Drive  
Glenview, IL 60025

Bill Welnhofner  
227 West Monroe Street  
Suite 2100  
Chicago, IL 60606

Blockbuster  
c/o Credit Protection Assoc., L.P.  
13355 Noel Rd.  
Dallas, TX 75240

Bloomington Radiology  
PO Box 3668  
Bloomington, IL 61702

Bob R. Krohn  
8650 West 165 Place  
Orland Park, IL 60462

BPM Amoco  
Processing Center  
Des Moines, IA 50360

Brian Schwartz  
807 Christophers Street  
Plano, IL 60545

Bromenn Regional Medical Center  
1304 Franklin Ave.  
Normal, IL 61761

Carle Clinic Assoc.  
P.O. Box 6002  
Urbana, IL 61803

Centre for Women's Health  
21279 Network Place  
Chicago, IL 60673

Certified Services  
PO Box 177  
Waukegan, IL 60079

Certified Services Inc  
PO Box 177  
Waukegan, IL 60079

Chase  
201 N. Walnut St.  
MAILSTOP DE1-1027  
Wilmington, DE 19801

Chase  
N54 W 13600 Woodale Drive  
Menomonee Falls, WI 53051

Chase Bank  
131 S. Dearborn Fifth Floor  
Chicago, IL 60603

Chase BP  
225 Chastain Meadows Court  
Kennesaw, GA 30144

Citi Bank  
c/o: National Enterprise Systems  
29125 Solon Rd  
Solon, OH 44139

Citi Bank  
PO box 120  
Buffalo, NY 14220-0120

Citi Cards  
PO Box 6409  
The Lakes, NV 88901-6409

Citibank  
c/o The CBE Group  
131 Tower Park, Suite 100  
Waterloo, IA 50704

Computer Credit, Inc.  
640 West Fourth Street  
PO Box 5238  
Winston Salem, NC 27113-5238

Condell Acute Care  
c/o Certified Services, Inc.  
PO Box 177  
Waukegan, IL 60079-0177

Condell Acute Care  
150 W. Half Day Rd.  
Buffalo Grove, IL 60089

Condell Acute Care Centers  
c/o Computer Credit, Inc.  
36866 Eagle Way  
Chicago, IL 60678

Credit Management Services  
9525 Sweet Valley Drive  
Valley View, OH 44125

David Chow, Chiropractic  
1804 N. Arlington Hts Road  
Arlington Heights, IL 60004

David Sanes  
9451 Lockwood Ave  
Skokie, IL 60076

David Sanes  
9451 N Lockwood  
Skokie, IL 60077

Discover Card  
PO Box 15316  
Wilmington, DE 19850-5316

Discover Card  
PO Box 30395  
Salt Lake City, UT 84130

Discover Card  
PO Box 3008  
New Albany, OH 43054

Discover Card  
PO Box 30395  
Salt Lake City, UT 84130-0395

Dorothy Sanders  
15934 Woodlawn  
South Holland, IL 60473

Doug Jones  
25050 Indian Trail  
Barrington, IL 60010

Doug Wakley  
35 S. Barrington Road  
Barrington, IL 60010

Dr. James Chorzempa  
1425 McHenry Road  
Suite 101  
Buffalo Grove, IL 60089

Dr. Mark Brandt  
7900 N. Milwaukee  
Niles, IL 60714

Dr. Mark Brandt  
1875 Dempster St., Suite 506  
Park Ridge, IL 60068

Edgar Brand Gangware III  
1726 Johnson Drive #223  
Buffalo Grove, IL 60089



Elk Grove Radiology  
75 Remittance Dr., Ste. 6500  
Chicago, IL 60675

ENH Medical Group  
P.O. Box 73208  
Chicago, IL 60673

Evanston Northwestern Medical Group  
PO Box 73208  
Chicago, IL 60673

Exxon Mobil  
PO Box 530962  
Atlanta, GA 30353-0962

First USA  
201 N. Walnut St.  
3 Christina Center (WACH-FDR)  
Wilmington, DE 19801

FMCC  
12110 Emmet  
Omaha, NE 68164

Ford Credit  
PO Box 790093  
Saint Louis, MO 63179-0093

Frank Gangware  
355 N. Delaplaine Road  
Riverside, IL 60546

GEMB/JCP  
P.O. Box 981402  
El Paso, TX 79998

GM Card  
PO Box 37281  
Baltimore, MD 21297

GMAC  
Payment Processing Center  
PO Box 9001951  
Louisville, KY 40290-1951

Golf-Western Surgical Specialists  
8901 Golf Road  
Suite 305  
Des Plaines, IL 60016

Harris  
Bankcard Services  
PO Box 15288  
Wilmington, DE 19886-5288

Herbert M. Kanter, DDS  
3325 N. Arlington Heights Rd.  
Arlington Heights, IL 60004

Hochstadter & Isaacson Oral & Maxil  
600 West Lake Cook Road  
Suite 101  
Buffalo Grove, IL 60089

HSBC NV  
P.O. Box 19360  
Portland, OR 97280

ICS Collection Service  
PO Box 646  
Oak Lawn, IL 60454-0646

IL Bone & Joint Institute  
135 S. LaSalle, Dept. 1052  
Chicago, IL 60674-1052

Internal Revenue Service  
Centralized Insolvency Operations  
P.O. Box 21126  
Philadelphia, PA 19114

Ivan Baker  
c/o UC Funding  
146 2nd Street, Ste 200  
Saint Petersburg, FL 33701

John Erwin  
274 Ashland Court  
Buffalo Grove, IL 60089

Joseph Meis  
100 Village Green #120  
Lincolnshire, IL 60069

Kiran Patil  
24115 Newcatle Street  
Plainfield, IL 60585

Kohl's  
PO Box 2983  
Milwaukee, WI 53201-2983

Kohl's Department Store  
c/o: Merchants & Med. Credit Corp.  
6324 Taylor Dr.  
Flint, MI 48507

Kohl/Chase  
N56 W17000 Ridgewood Dr.  
Menomonee Falls, WI 53051

Kur's Landscaping  
1516 N. Elmhurst Road  
Suite 130  
Mount Prospect, IL 60056

LaSalle Bank  
135 S. LaSalle  
Chicago, IL 60602-4105

LaSalle Bank  
135 S. LaSalle St.  
Chicago, IL 60603

Litholink  
2250 W. Campbell Park Drive  
Chicago, IL 60612

Lutheran General Hospital  
1775 Dempster  
Park Ridge, IL 60068

Maine-Ridge Medical Associates  
9301 West Golf Road  
Suite 302  
Des Plaines, IL 60016

Marjorie Sheer, Esq.  
813 W. Washington St.,  
Waukegan, IL 60085

Marshall Fields  
PO Box 59231  
Minneapolis, MN 55459

McClellan County Anesthesiology  
2200 Fort Jesse Road #240  
Normal, IL 61761

McClellan County Neurology SC  
2204 Eastland Drive  
Bloomington, IL 61704

Medical Recovery Specialists  
2250 E. Devon Ave., #288  
Des Plaines, IL 60016

Merchants and Medical  
6324 Taylor Drive  
Flint, MI 48507

Midwest Diagnostic Pathology, SC  
75 Remittance Drive Suite 3070  
Chicago, IL 60675-3070

Mike Maginity  
1371 N. Rosebud lane  
Addison, IL 60101

Nancy Nicol  
c/o The Sullivan Firm Ltd.  
2550 W. Golf Road #101  
Rolling Meadows, IL 60008

Neurology Specialists Of Northern  
PO Box 2823  
Carol Stream, IL 60132

North Shore Radiological  
9410 Compubill Drive  
Orland Park, IL 60462-6200

North Suburban Gastroenterology  
7447 W. Talcott Ave # 358  
Chicago, IL

North Suburban Gastroenterology  
950 N. Northwest Highway  
Park Ridge, IL 60068

Northshore Gas  
2111 Jordan Terrace  
Waukegan, IL 60079

Northshore Gas  
300 Grand Ave  
Waukegan, IL 60085

Northwest Cardio-Vascular Assoc.  
880 W. Central Rd., #7100  
Arlington Heights, IL 60005

Northwest Community Hospital  
c/o: Pellettieri & Associates, LTD  
P.O. Box 536  
Linden, MI 48451

Northwest Community Hospital  
800 West Central Rd  
Arlington Heights, IL 60005

Northwest Community Hospital  
c/o C.B. Accounts, Inc.  
1101 Main St.  
Peoria, IL 61606

Northwest Community Hospital  
Health Care Financial Services  
800 W. Central Road  
Arlington Heights, IL 60005

Northwest Community Hospital  
c/o BC Accounts, Inc.  
1101 Main St  
Peoria, IL 61606

Northwest Metro Urology  
Slot 302152  
PO Box 66973  
Chicago, IL 60666

Northwestern Memorial Hospital  
PO Box 73690  
Chicago, IL 60673-7690

Northwestern Memorial Hospital  
251 E. Huron St.  
Chicago, IL 60611-2908

Oak Mill Imaging  
7900 N. Milwaukee Ave #16A  
Niles, IL 60714

Optima American Express  
PO Box 36002  
Fort Lauderdale, FL 33336

Optima American Express  
c/o Bekett & Lee Law Firm

Optima American Express  
c/o Becket & Lee  
Po Box 3001  
Malvern, PA 19355

Park Ridge Anesthesiology  
1755 Dempster Street  
Park Ridge, IL 60068

Park Ridge Anesthesiology  
PO Box 1123  
Jackson, MI 49204-1123

Parkside Anesthesiology  
PO Box 1123  
Jackson, MI 49204-1123

Pellettieri & Associates  
991 Oak Creek Dr.  
Lombard, IL 60148-6408

Pellettieri & Associates  
PO Box 536  
Linden, MI 48451

Primary Care Medical Specialists  
960 Rand Rd. Suite 205  
Des Plaines, IL 60016

Revenue Production Management  
PO Box 925  
Des Plaines, IL 60018

Robert Kohn  
8650 West 165th Place  
Orland Park, IL 60462

Roger A. White  
c/o White, Scott & White  
21 N. Skokie Highway, #201  
Lake Bluff, IL 60044

Roger A. White and Associates, LTD  
21 N. Skokie Hwy #201  
Lake Bluff, IL 60044

Rush North Shore Medical Center  
c/o: Revenue Production Management  
2800 S. River Road Suite 450  
Des Plaines, IL 60018

Rush North Shore Medical Center  
9600 Gross Point Road  
Skokie, IL 60076

Rush North Shore Medical Center  
PO Box 97805  
Chicago, IL 60678

Scott D. Glazer, Md.  
600 W. Lake Cook Rd., Ste. 110  
Buffalo Grove, IL 60089-2085

Stahelin Parters  
800 Roosevelt Road  
Building A, Suite 120  
Glen Ellyn, IL 60137

Star Nissan  
5757 West Touhy  
Niles, IL 60714

Steven Hoffenberg DDS  
264 Hawthorn Village Commons  
Vernon Hills, IL 60061

Suburban Ear Noe & Throat Speciali  
8780 Golf Road  
Suite 300  
Niles, IL 60714

Temple Chai  
1670 RFD  
Long Grove, IL 60049

Tianne Kurn  
18400 Fox Run Drive  
Elk Grove Village, IL 60007

UC Funding  
Ivan Baker  
146 2nd Street, Ste 200  
Saint Petersburg, FL 33701

United Shockwave Services  
1875 W. Dempster St., #306  
Park Ridge, IL 60068

United Shockwave Services  
PO Box 2178  
Des Plaines, IL 60017-2178

US Department of Education  
PO Box 7202  
Utica, NY 13504-7202



US Department of Education  
P.O. Box 530260  
Atlanta, GA 30353

Wheeling Plumbing  
600 Northgate Parkway Unit L  
Wheeling, IL 60090

Women's Health Specialites  
1875 Dempster  
Suite 245  
Park Ridge, IL 60068

B6G (Official Form 6G) (12/07)

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
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B6H (Official Form 6H) (12/07)

In re Valerie S. Gangware, Case No. \_\_\_\_\_  
Debtor

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>David Sanes</b> <b>9451 N Lockwood</b> <b>Skokie, IL 60077</b>	<b>Star Nissan</b> <b>5757 West Touhy</b> <b>Niles, IL 60714</b>

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\_\_\_\_\_ continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **Valerie S. Gangware**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Separated</b>	RELATIONSHIP(S): <b>Son</b>	AGE(S): <b>17</b>
<b>Employment:*</b>	DEBTOR	SPOUSE
Occupation	<b>Teacher</b>	
Name of Employer	<b>Jewish Council for Youth Services</b>	
How long employed	<b>4 years</b>	
Address of Employer	<b>1700 Weiland Buffalo Grove, IL 60089</b>	
<b>*See Attachment for Additional Employment Information</b>		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>2,922.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

3. SUBTOTAL

\$ <b>2,922.00</b>	\$ <b>N/A</b>
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): \_\_\_\_\_

\$ <b>462.00</b>	\$ <b>N/A</b>
\$ <b>782.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>1,244.00</b>	\$ <b>N/A</b>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>1,678.00</b>	\$ <b>N/A</b>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

12. Pension or retirement income

13. Other monthly income

(Specify): **Part-Time Job (Gross 1,829 - Taxes 277)**

\$ <b>1,552.00</b>	\$ <b>N/A</b>
\$ <b>0.00</b>	\$ <b>N/A</b>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>1,552.00</b>	\$ <b>N/A</b>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>3,230.00</b>	\$ <b>N/A</b>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>3,230.00</b>	
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(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re Valerie S. Gangware Debtor(s) Case No. \_\_\_\_\_

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Attachment for Additional Employment Information**

Debtor		
Occupation	Teacher	
Name of Employer	Temple Chai	
How long employed	24 Years	
Address of Employer	1670 RFD (Checker Rd) Lake Zurich, IL 60047	

Case No.

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$ 1,350.00
a. Are real estate taxes included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:		
a. Electricity and heating fuel		\$ 400.00
b. Water and sewer		\$ 0.00
c. Telephone		\$ 75.00
d. Other <b>See Detailed Expense Attachment</b>		\$ 280.00
3. Home maintenance (repairs and upkeep)		\$ 0.00
4. Food		\$ 475.00
5. Clothing		\$ 150.00
6. Laundry and dry cleaning		\$ 125.00
7. Medical and dental expenses		\$ 200.00
8. Transportation (not including car payments)		\$ 350.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ 150.00
10. Charitable contributions		\$ 16.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's		\$ 0.00
b. Life		\$ 0.00
c. Health		\$ 0.00
d. Auto		\$ 75.00
e. Other		\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)		\$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto		\$ 285.00
b. Other		\$ 0.00
c. Other		\$ 0.00
14. Alimony, maintenance, and support paid to others		\$ 200.00
15. Payments for support of additional dependents not living at your home		\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ 0.00
17. Other <b>See Detailed Expense Attachment</b>		\$ 425.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$ 4,556.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		

## 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>3,230.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>4,556.00</u>
c. Monthly net income (a. minus b.)	\$	<u>-1,326.00</u>

B6J (Official Form 6J) (12/07)

In re **Valerie S. Gangware**

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment**

**Other Utility Expenditures:**

<b>Cell Phone</b>	\$	<b>130.00</b>
<b>Cable T.V.</b>	\$	<b>75.00</b>
<b>Internet Access</b>	\$	<b>75.00</b>
<b>Total Other Utility Expenditures</b>	\$	<b>280.00</b>

**Other Expenditures:**

<b>Personal Grooming</b>	\$	<b>125.00</b>
<b>Car Maintenance</b>	\$	<b>75.00</b>
<b>Home Maintenance</b>	\$	<b>125.00</b>
<b>Extra Curricular</b>	\$	<b>100.00</b>
<b>Total Other Expenditures</b>	\$	<b>425.00</b>

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Valerie S. Gangware**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of  
**44** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **May 15, 2008**

Signature **/s/ Valerie S. Gangware**  
**Valerie S. Gangware**  
Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.



B7 (Official Form 7) (12/07)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Valerie S. Gangware**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None

☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$22,370.00</b>	<b>2008 Employment</b>
<b>\$50,000.00</b>	<b>2007 Employment</b>
<b>\$50,000.00</b>	<b>2006 Employment</b>

**2. Income other than from employment or operation of business**

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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**3. Payments to creditors**

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Chase Bank v. Valerie S. Gangware 2007-M1-103325	Judgment		Pending
Roger A. White v. Valerie Gangware 06D 1099	Collection	Lake County, Illinois	Judgment

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>FMCC 12110 Emmet Omaha, NE 68164</b>	<b>11/07</b>	<b>2003 Ford Winstar</b>

**6. Assignments and receiverships**

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>David M. Siegel &amp; Associates 790 Chaddick Drive Wheeling, IL 60090</b>	<b>12/17/07</b>	<b>\$1,301.00 (prior Ch. 7)</b>

**10. Other transfers**

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<b>Bonafide Purchaser</b>	<b>9/07</b>	<b>Time Share: Marriot Grand Vista Resort. Proceeds recieved: \$15,000. Proceeds went towards paying tuition, doctor's bills, hospital bills, car &amp; medical insurance and Divorce Lawyer.</b>
<b>None</b>		
<b>Bonafide Purchaser 2111 Jordan Terrace Buffalo Grove, IL 60089</b>	<b>11/1/07</b>	<b>Short Sale: \$545,000. Amount owed \$560,000. Debtor recieved no proceeds from sale.</b>
<b>None</b>		

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Chase Bank Unknown</b>	<b>Savings Account</b>	<b>Unknown \$100.00</b>

## 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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## 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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## 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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## 15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
2111 Jordan Terrace Buffalo Grove, IL 60089	SAME	

## 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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#### 18 . Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 15, 2008

Signature /s/ Valerie S. Gangware  
**Valerie S. Gangware**  
Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

Form 8  
(10/05)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Valerie S. Gangware**  
Debtor(s)

Case No. \_\_\_\_\_  
Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
<b>2008 Nissan Versa Star Nissan</b>	<b>Star Nissan</b>				<b>X</b>

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
<b>-NONE-</b>		

Date **May 15, 2008**

Signature **/s/ Valerie S. Gangware**  
**Valerie S. Gangware**  
Debtor



**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Valerie S. Gangware

Debtor(s)

Case No.

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>0.00</u>
Prior to the filing of this statement I have received.....	\$	<u>0.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances (except in Chapter 13 cases), or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: May 15, 2008/s/ David M. Siegel

**David M. Siegel**  
**David M. Siegel & Associates**  
**790 Chaddick Drive**  
**Wheeling, IL 60090**  
**(847) 520-8100**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**David M. Siegel**  
\_\_\_\_\_  
Printed Name of Attorney  
Address:  
**790 Chaddick Drive**  
**Wheeling, IL 60090**  
**(847) 520-8100**

X **/s/ David M. Siegel** **May 15, 2008**  
\_\_\_\_\_  
Signature of Attorney Date

**Certificate of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Valerie S. Gangware**  
\_\_\_\_\_  
Printed Name(s) of Debtor(s)  
  
Case No. (if known) \_\_\_\_\_

X **/s/ Valerie S. Gangware** **May 15, 2008**  
\_\_\_\_\_  
Signature of Debtor Date  
  
X \_\_\_\_\_  
Signature of Joint Debtor (if any) Date

## STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341

### INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

### WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

### WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

### WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary — they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

### OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

**AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.**

/s/ Valerie S. Gangware

Debtor's Signature

May 15, 2008

Date

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Valerie S. Gangware**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **141**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **May 15, 2008**

**/s/ Valerie S. Gangware**

**Valerie S. Gangware**

Signature of Debtor